

**DIRECT DEPOSIT ENROLLMENT
AND AUTHORIZATION**
SD DEPARTMENT OF SOCIAL SERVICES

DIVISION OF CHILD SUPPORT
DIRECT DEPOSIT PROGRAM
700 GOVERNORS DRIVE,
PIERRE, SD 57501
1-800-286-9145

I want the Division of Child Support to deposit my child support payments directly into my personal account in the financial institution listed below.

PERSONAL INFORMATION (Please Print)

Name: (Last, First, Middle)		
Address: (Street)		Apartment Number:
City:	State:	Zip Code:
Daytime Telephone:		Social Security Number:

Disclosure of the Social Security number is requested for the purpose of ensuring correct identification of individuals in the state case registry. Social Security numbers are required to be included in the state case registry pursuant to 42 USC 654a(e)(3) and (e)(4)(D). Failure to disclose this information will affect enrollment in the direct deposit option.

FINANCIAL INSTITUTION INFORMATION (Please Print)

Financial Institution Name:		
Address: (Street)		
City:	State:	Zip Code:
Financial Institution Routing Number:		Account Number:

ACCOUNT TYPE (Check One)

- ☐ Checking: Attach a **voided, blank check** from the checking account to which the direct deposit will be made. Your name must appear on the account.
- ☐ Savings: Attach a **letter from your financial institution** with your name, address, the financial institution's routing number, and your personal account number. The letter must be on financial institution letterhead, or a preprinted form, and signed by a financial institution representative. Your name must appear on the account.

AUTHORIZATION

I authorize the Division of Child Support to credit my support payments to the above account and, if necessary, reverse any incorrect payments made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. I further acknowledge that I must notify the Division of Child Support immediately, in writing, if my account is closed.

Signature:	Date:
------------	-------